KENTUCKY BOARD OF NURSING
312 WHITTINGTON PARKWAY, SUITE 300
LOUISVILLE, KY 40222

Phone:
502-429-7179
800-305-2042

Website:
http://www.kbn.ky.gov

As of March 4, 2013

Instructions for Out-Of-State APRN Programs Requesting to Utilize Kentucky Clinical Sites

It is the responsibility of each requesting institution to seek approval from the appropriate state bodies. In addition to the state approval processes, the college/university shall also institute any processes that are required by the national accrediting body.

A nursing program, located in another state or territory of the United States that wishes to provide clinical experiences in Kentucky must seek permission from the Kentucky Council of Postsecondary education (CPE) before enrolling, offering or conducting these sessions for citizens of the Commonwealth. Contact information for CPE can be found on page 2 of this document.

201 KAR 20:062. Standards for advanced practice registered nurse (APRN) programs of nursing outlines the requirements for Out-of-State APRN Programs seeking Clinical Placements in Kentucky. Prior to the placement of students the following need to be accomplished:

REQUEST FOR OUT-OF-STATE APRN PROGRAM TO UTILIZE KENTUCKY FOR CLINCAL PLACEMENT (page 3)

This form must be completed ONCE by a nursing program for approval for the college/university and it will remain on file in the Board Office. This form will include general information about the program, such as:

- Current accreditation with a national nursing accrediting body
- Current accreditation for the sponsoring college/university
- Approval has been obtained from Kentucky Council of Post Secondary Education

REQUEST FOR INDIVIDUAL STUDENT FROM AN OUT-OF-STATE APRN PROGRAM TO UTILIZE KENTUCKY FOR CLINCAL PLACEMENT (Page 4)

For each student desiring clinical placement, this form must be submitted to the Kentucky Board of Nursing at least three (3) months prior to the start of clinical placement. This form includes needed information such as:

a) Designated university with relevant nursing accreditation status;
b) Student name;
c) The desired clinical practice setting;
d) The credentials of the coordinating faculty member at the out-of-state institution;
e) Credentials of the clinical preceptor, consistent with the qualifications outlined in this administrative regulation;
f) Evidence of the student's qualifications for participation consistent with criteria outlined in Section 8 of this administrative regulation; and.
g) Evidence of agreement of the health care facility hosting the clinical experience.
h) Attesting that the graduate program has advised the student of expectations regarding student practice and required supervision
i) Attest that the graduate program provides direct supervision of the clinical experience and informs faculty, preceptors and clinical facilities that the student is practicing under this limited exemption related to licensure. For students wishing to complete a clinical experience in Kentucky but is enrolled in an out of state APRN program, each must comply with requirements identified in 201 KAR 20:062. Standards for advanced practice registered nurse (APRN) programs of nursing Section 11. Section 11 states that any student must have an active, unencumbered RN license in another jurisdiction, either in the U.S. or in another country. Additionally, Kentucky statue KRS 314.101(1)(b), states that individuals enrolled in graduate programs of nursing are exempt from licensure for that practice that is incidental to their program of study. An APRN student may do his/her clinical in Kentucky without a license, so long as he/she is under the supervision of a Kentucky licensed APRN. Practice is limited to designated clinical practicum schedule.

Appeal Process

Should a program or student be denied approval to conduct clinical instruction in Kentucky, a written request may be submitted requesting a meeting with a board representatives or request a hearing pursuant to KRS Chapter 13B by filing a written request with the board within thirty (30) days of service of the board's order. The board has the authority by law to rescind approval held by an out-of-state nursing program to conduct clinical instruction in Kentucky based on factors identified in Section 9 of this administrative regulation.

Licensed to Operate In Kentucky

It is the responsibility of each requesting institution to seek approval from the appropriate state approval bodies. In addition to the state approval processes, the college/university shall also institute processes that are required by the national accrediting body.

Public/Private Institutions: The Kentucky Council on Post-Secondary Education is the state agency that public or private institutions should contact to seek approval to conduct an educational program within the Commonwealth. The Council on Postsecondary Education is charged with leading the reform efforts envisioned by state policy leaders in the *Kentucky Postsecondary Education Improvement Act of 1997.* The Council licenses not-for-profit postsecondary education institutions and for-profit baccalaureate degree granting institutions to protect bona fide institutions and citizens of the Commonwealth from fraudulent practices, unfair competition, and substandard educational programs. This includes private colleges located in Kentucky, private colleges located outside of Kentucky but which operate in Kentucky, and public colleges located outside of Kentucky but which operate in Kentucky.

Contact Information: Council on Postsecondary Education
1024 Capital Center Drive, Suite 320
Frankfort, KY 40601
502-573-1355
Office hours: Monday- Friday 8:00 a.m. to 4:30 p.m.

Additional Questions

If you have additional questions, please contact: Lila Hicks
Education Assistant
LilaA.Hicks@ky.gov
502-429-7179 or 800-305-2042, ext. 7179

Kentucky Board of Nursing

REQUEST FOR OUT-OF-STATE APRN PROGRAM TO UTILIZE KENTUCKY CLINCAL AGENCIES

Name of College or University	
Address *(include City, State, and Zip)*	
Chief Academic Officer for the Nursing Unit *(include title and credentials)*	
APRN Coordinator Name	**Name:**
	Title:
	Phone Number: ( )
	Email Address:
Mailing Address for APRN Program *(to include city/state/zip)*	
Web Site Address *(institution & nursing program)*	
University/College Accreditation	
Name of the Accrediting Body for the College/University	
Date of College/University Accreditation Expiration	
Approval to Operate in the Commonwealth of Kentucky	
Date Approval was obtained from KY CPE	
Nursing Accreditation	
Name of the Accrediting Body for the Nursing Program	
Date of Initial Program Accreditation and Most Recent Re-Accreditation	**Initial:**
	Most Recent Visit:
	Expiration Date:

APRN Program Offerings		
Include <u>all tracks</u> that currently prepare graduates for licensure (i.e. APRN)		
Advanced Practice Options **Generic Masters/DNP:** ***(specify all clinical tracks i.e. Population foci)***	**Population Foci**	**Date when track was initiated**

By the signatures below, I/We attest that all information provided is complete as of this date. (Electronic Signatures are acceptable)

_____ _____

SIGNATURE & TITLE OF APRN PROGRAM COORDINATOR DATE

_____ _____

SIGNATURE & TITLE OF CHIEF NURSING ACADEMIC OFFICER DATE

Document should be sent electronically to Lila Hicks @ LilaA.Hicks@ky.gov

FOR KBN USE: Received Board Office:_____ Approved:_____ Date:_____
Additional Information Requested:_____/_____

Kentucky Board of Nursing

REQUEST FOR INDIVIDUAL STUDENT FROM AN OUT-OF-STATE APRN PROGRAM TO UTILIZE KENTUCKY CLINCAL AGENCIES

Name of College or University		
APRN Coordinator Name	**Name:**	
	Title:	
	Phone Number: ( )	
	Email Address:	
Mailing Address for APRN Program *(to include city/state/zip)*		
Has this program submitted any prior requests for Clinical Placements to the Kentucky Board of Nursing?	☐ Yes ☐ No (if no, the program must first submit and receive approval; this can be accomplished with the first student request)	
When was the last date that a student from this program was placed in Kentucky?	**Month**	**Year**
Has the program utilized this site previously?	☐ Yes ☐ No	
	If yes, date	

Clinical Site Being Requested		
Name:		
Address:		
City, State, Zip:		
Phone Number:	**( )**	
Days /Hours of Operation		
Type of Facility		
Chief Nursing/Medical Officer		
Contact Information	**( )**	
Has this clinical site previously been utilized as an APRN clinical site		☐ Yes ☐ No
Does the clinical site have a signed memorandum of agreement w/ the requesting college/university		☐ Yes ☐ No
Has this site been utilized by APRN students from Kentucky colleges/university ***If yes, identify the programs: _____**		☐ Yes* ☐ No
Will granting this clinical rotation to a student from an APRN program based outside Kentucky restrict access by future Kentucky based students?		☐ Yes ☐ No

Student			
Name of Student			
Currently Licensure as	☐ **RN** ☐ **APRN** **State:**	**License #:**	
Enrolled in	☐ Practitioner Foci: _____ ☐ CNS Foci: _____	☐ Midwife ☐ Nurse anesthetist	
Clinical Focus for the Rotation		**Total # of Required Hours**	
Desired Start Date		**Projected End Date:**	
An APRN student may do his/her clinical in Kentucky without a license, so long as he/she is under the supervision of a Kentucky licensed APRN. The student acknowledges that practice in the role of APRN is limited to what required for completion of the graduate program requirements.			☐ Yes ☐ No

FOR KBN USE: Received Board Office:_____ Approved:_____ Date:_____
Additional Information Requested:_____/_____

Clinical Instructor

(This includes full time, part time, or adjuncts employed by the college solely to supervise clinical nursing experiences of students)

Name		
Contact Information	**( )**	**Email Address:**
Currently Licensure as	☐ **RN** ☐ **APRN** **State:**	**License #:**
Enrolled in	☐ **Practitioner** **Foci:** _____ ☐ **Midwife** ☐ **CNS** **Foci:** _____ ☐ **Nurse anesthetist**	

Kentucky regulatory requirements for Clinical Instructor include: **(a) A current, active, unencumbered APRN license in state of practice; (b) A minimum of a master's degree in nursing or health related field in the clinical specialty; (c) Two (2) years of APRN clinical experience; (d) Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities**	Does the clinical instructor meet these qualifications: ☐ Yes ☐ No- justification _____
The graduate program has advised the requesting student of expectations regarding student practice and required supervision	☐ Yes ☐ No: Justification
The graduate program has provided direct supervision of the clinical experience and has informed faculty, preceptors and clinical facilities that the student is practicing under this limited exemption provided by KY statue KRS 314.101(1)(b), which permits individuals enrolled in graduate programs of nursing to be exempt from licensure for that practice that is incidental to their program of study.	☐ Yes ☐ No: Justification

Preceptor

(This includes APRN's or MD's who assist in the faculty-directed clinical learning experiences)

Name		
Contact Information	**( )**	**Email Address:**
Currently Licensure as	☐ **MD** ☐ **APRN** **State:**	**License #:**

Qualifications Include: **Clinical preceptors shall be approved by faculty and meet the following requirements: (a) Holds an unencumbered active license or multistate privilege to practice as a registered nurse and advanced practice registered nurse or a physician in the state in which the preceptor practices or, if employed by the federal government, holds an unencumbered active registered nurse and advanced practice registered nurse or physician license in the United States; and (b) Has a minimum of one (1) year full time clinical experience in current practice as a physician or as an APRN within the role and population focus. The preceptor may be a practicing physician or other licensed, graduate-prepared health care provider with comparable practice focus though they cannot consist of a majority of the preceptors. Additional qualifications for APRN Preceptors: (a) National certification in the advanced practice category in which the student is enrolled; or (b) Current board licensure in the advanced practice category in which the student is enrolled. (c) If a preceptor cannot be found who meets the requirements, educational and experiential qualifications as determined by the nursing program, the Board of Nursing shall be notified and a waiver requested.**	Does the preceptor meet these qualifications: ☐ Yes ☐ No- justification _____ Have the credentials of the preceptor been validated by a primary source: ☐ Yes ☐ No- justification _____

By the signatures below, I/We attest that all information provided is complete as of this date. (Electronic Signatures are acceptable)

_____ _____

SIGNATURE & TITLE OF CLINICAL AGENCY CHIEF NURSE/MEDICAL DIRECTOR — DATE

_____ _____

SIGNATURE & TITLE OF APRN PROGRAM COORDINATOR/CLINICAL INSTRUCTOR — DATE

_____ _____

SIGNATURE OF STUDENT — DATE

Document should be sent electronically to Lila Hicks @ LilaA.Hicks@ky.gov
Mailing address: Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, KY 40222